

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	RJ		6/29
<b>O.I.P.E. CLASSIFIER</b>		49	7/3/01
<b>FORMALITY REVIEW</b>	MM	920	08-22-01
<b>RESPONSE FORMALITY REVIEW</b>		?	

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1		✓	
2		✓	
3		✓	
4		✓	
5		✓	
6		✓	
7			
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25			
26			
27			
28			
29		✓	
30		N	
31		✓	
32		✓	
33		✓	
34			
35			
36			
37			
38		✓	
39			
40			
41			
42		✓	
43		N	
44		✓	
45		✓	
46		✓	
47		✓	
48		✓	
49		✓	
50		✓	

Claim	Date
Final	
Original	06/20/03
51	
52	
53	
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58	
59	
60	
61	✓
62	N
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65	
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If more than 150 claims or 10 actions  
staple additional sheet here